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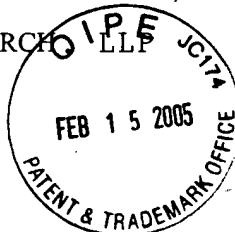
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2292 7590 11/16/2004

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/555,629	07/31/2001	Naoki Yamazaki	2520-0118P	1386

TITLE OF INVENTION: METHOD FOR TREATMENT OF RENAL FAILURE BY CONTINUOUS ADMINISTRATION OF HEPATOCYTE GROWTH FACTOR

\$1,400.00

\$1400.00

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<u>\$1370</u>	\$0	<u>-\$1370</u>	02/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUNNER, BRIDGET E	1647	424-198100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <u>BIRCH, STEWART,</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 <u>KOLASCH & BIRCH,</u> L LP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE, OR COUNTRY)

02/17/2005 AWONDAF2 00000009 09555629

SUMITOMO PHARMACEUTICALS CO., LTD. OSAKA, JAPAN

1400.00 0P
12.00 0P

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 4

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Mark J. Nuell

Date February 15, 2005

Typed or printed name Mark J. Nuell

Registration No. 36,623

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